COMBINED DECLARATION AND POWER OF ATTORNEY



As a below named inventor, I hereby declare that:

- my residence, post office address and citizenship are as stated below next to my name;
- I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: VoIP Terminal Security Module, SIP Stack with Security Manager, System and Security Methods,
- the specification of which is attached hereto unless the following box is checked: ⋈. If the box is checked,

the application was filed on **December 29, 2000** as U.S. Application Number **09/752,142** or PCT International Application Number and was amended on (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed.

	Prior Foreign Application		Priority Not Claimed
(Application Number)	(Country)	(Day/Month/Year Filed)	
(Application Number)	(Country)	(Day/Month/Year Filed)	

To the extent permitted by rule or law, I hereby incorporate by reference the Prior Foreign Application(s) listed above.

I hereby claim the benefits under 35 U.S.C. §119(e) of any United States provisional application(s) listed below:

(Provisional Application Number)	(Day/Month/Year Filed)
(Provisional Application Number)	(Day/Month/Year Filed)

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s), or §365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability, as defined in 37 CFR §1.56, which became available between the filing date of the prior application and the national or PCT International filing date of this application.

(Application Number)	(Day/Month/Year Filed)	(Statuspatented, pending, abandoned)
(Application Number)	(Day/Month/Year Filed)	(Statuspatented, pending, abandoned)

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I hereby appoint the attorney(s) and/or agent(s) assigned to the customer number listed below, as may from time to time be amended, belonging to the firm of Ware, Fressola, Van Der Sluys & Adolphson LLP, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Customer Number	1 SEANN BANK BANK BANK BANK BANK BANK BANK
4955	004955
<u></u>	PATENT AND TRADEMARK OFFICE
Address all telephone calls to: Ware, Fressola, Van Der correspondence to:	Sluys & Adolphson LLP at (203) 261-1234. Address all
Customer Number	
4955	004955
	PATENT AND TRADEHARK OFFICE
I hereby declare that all statements made herein of my of information and belief are believed to be true; and further willful false statements and the like so made are punishabl Title 18 of the United States Code, and that such willful fallor any patent issued thereon.	that these statements were made with the knowledge that e by fine or imprisonment, or both, under Section 1001 of
Mikko NU Full name of sole or first inventor (given name, mid	
Jullo Mute	7.2.2001
Inventor's Signature	Date
Espoo, Finland Residence	Finland Citizenship
Post Office Address: Servin Maijantie 12 i 131, 02150	Espoo, Finland
Full name of second inventor (given name, middl	e initial, FAMILY NAME(S) IN UPPER CASE)

Date
Citizenship
initial, FAMILY NAME(S) IN UPPER CASE)
initial, FAMILY NAME(S) IN UPPER CASE) Date

Additional inventors are being named on separately numbered sheets attached hereto.

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